

EXHIBIT B

DEFENDANTS MOTION TO DISMISS

SCDJJ Policy No. G.3.4

Isolation of Youth

STATE OF SOUTH CAROLINA DEPARTMENT OF JUVENILE JUSTICE
POLICY AND PROCEDURES

Title:	Isolation of Youth	Policy No.:	323	Page(s):	1 of 10
Folder 300:	Safety and Security	Old Policy No.:	G-3.4		
Originator:	Institutional Manager				
Agency Areas of Impact:	Institutional Services, Rehabilitation Services				
Juvenile Justice Code:	n/a				
PbS Related Standard(s):	Order Standard #2, O8-011				
May 09, 2016 Effective Date	<u>SIGNED/ Sylvia Murray</u> Sylvia Murray Director				
Updated:	New policy and form numbers Agency and policy reorganization	Date:	February 19, 2019 September 19, 2018		

POLICY: The Department of Juvenile Justice (DJJ) may temporarily remove youth from the general population and place them in an isolation cell or room under strict supervision. This option is to be used for the sole purposes of neutralizing out-of-control, unsafe behavior and to provide a safe environment for youth and staff. Isolation will never be used as punishment.

PROCEDURAL GUIDELINES:

A. Introduction:

1. CCS Compliance (“Calm, Cooperative, Safe”) is a set of standards that will guide DJJ staff to respond appropriately to a youth’s Level 3 Rule Violation(s) (in accordance with Policy E-1.14) and make assessments during or shortly after the rule violation(s). This set of standards will consist of three criteria: Calm, the youth can demonstrate his/her ability to communicate clearly and is not verbally or physically aggressive; Cooperative, the youth responds to directives given by staff in a compliant manner; and Safe, the youth is safe from harming his/her self, staff, or other youth, as well as safe from being harmed by staff, youth, or outside sources. The CCS Compliance criteria will determine whether the youth will remain in the area where the offense occurred or be removed to isolation/room confinement. A youth will only be removed to isolation/room confinement when the compliance criteria of safe cannot be met. If the youth is safe, but is not calm and/or cooperative, the youth will remain in his/her assigned area and receive encouragement and support, as outlined below, in order to become fully CCS compliant.
 - a. DJJ Evaluation Centers have designated wings with cells for isolating unsafe youth.
 - b. The Juvenile Detention Center utilizes room confinement to isolate unsafe youth.

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- c. The Broad River Road Complex maintains a Crisis Management Unit to separate unsafe youth.

2. Definitions

- a. CCS Assessment: the process of listening for and observing characteristics in a youth's behavior.
- b. Isolation: being confined alone in a room or cell, other than the room or cell in which the youth usually sleeps, for cause for 15 minutes or more.
- c. Room Confinement: being confined alone in a room or cell, in which the youth usually sleeps, for cause for 15 minutes or more.

B. CCS Assessment and Compliance

1. CCS Assessment

- a. When determining if a youth is Calm, the assessor will ask open-ended questions meaning the questions cannot be answered with yes or no. This allows for a wide range of responses, and staff will observe if the youth is able to talk to staff in a reasonable (not extreme or excessive) tone of voice without cursing. If staff determines the youth is not Calm, then the following techniques should be utilized (see 2 below).
- b. When determining if a youth is Cooperative, the assessor will state simple commands and rules and observe if the youth physically responds. The youth should follow reasonable instructions from staff. If staff determines the youth is not Cooperative, then the following techniques should be utilized (see 2. below).
- c. When determining if a youth is Safe, the staff will observe the youth's present behavior to determine if the youth demonstrates threat of self-harm, harming others, and/or harming property, and/or assaults staff or youth. The assessor should ask open-ended questions to discover present thoughts, feelings and urges. If the youth expresses fear of others or demonstrates any of the above behaviors, the youth will be placed temporarily in restrictive room confinement or in isolation (see 2. below).

2. Techniques used to Gain CCS Compliance (Calm and Cooperative)

- a. Active Listening is a structured form of listening and responding that focuses the attention on the speaker.
 - 1) Purpose: The proper use of active listening results in getting the youth to de-escalate, open up, avoid misunderstanding, resolve conflict, and build rapport and trust.

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- 2) The listener must take care to attend to the speaker fully, and then repeat, in the listener's own words, what he or she thinks the speaker has said. The listener does not have to agree with the speaker. He or she must simply state what they think the speaker said. This enables the speaker to find out whether the listener really understood. If the listener did not, the speaker can explain some more.
- 3) The listener is encouraged to interpret the speaker's words in terms of feelings. Thus, instead of just repeating what happened, the active listener might gather that the speaker felt angry or frustrated or confused when a particular event happened. Then the speaker can go beyond confirming that the listener understood what happened, but can indicate that he or she also understood the speaker's response to it. Active listening involves listening with all senses.
- 4) Active listening not only means focusing fully on the speaker but also actively showing verbal and non-verbal signs of listening.

b. Redirection is when staff uses verbal instruction and minimal physical contact to relocate a youth that is not behaviorally or emotionally out of control.

- 1) Purpose: Staff may use redirection to assist, guide, and redirect a youth from a negative and/or escalating situation.
- 2) If it becomes evident that staff's use of verbal redirection and/or physical contact to assist, guide, or redirect him/her is aversive or the youth is physically resisting, staff will refrain from further redirection efforts. If a youth appears to be further agitated from verbal redirection and/or physical contact to assist, guide, or redirect him/her, staff will refrain from further redirection efforts. In such instances, staff will employ efforts to de-escalate and calm the youth. An alternate behavior management method will be attempted, or the staff member will seek assistance from another staff member to talk with the youth and try to get compliance.
- 3) Procedures
 - A) Methods taught in DJJ Training to properly direct and escort a youth's movement will be used.
 - B) The youth's freedom of movement or access to his/her own body is not restricted.

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c. Separation is when staff takes a youth away from his/her peers in a quiet area/location for no more than 15 minutes to provide the youth the opportunity to regain self-control. The youth must be placed in an area where a staff member can hear or see the youth, e.g., in a staff member's office, in a chair in the hallway close to a staff member/staff member's office. Separation is not placing a youth in isolation/seclusion in a locked or unlocked room or area without supervision. Younger adolescents and those with diagnosed behavior disorders (attention deficit, hyperactive) may not be able to successfully complete separation. A work detail may be more appropriate for these type youth.

- 1) Purpose: Staff may use separation if staff deems that a period of time away from others will assist a youth in the management of his/her anger. This period of time is intended to provide a short cooling off period to enable the youth to regain his/her composure.
- 2) Contraindications: Separation will not be used to manage a youth's behavior if the youth is known to have a physical or mental health condition that must be closely monitored.
- 3) Procedures
 - A) Separation periods may be initiated by staff or upon the youth's request for separation.
 - B) A youth that is disrupting will be asked to accompany staff to an area away from his/her peers to allow him/her the opportunity to regain his/her composure and to avoid further incident.
 - C) A youth that feels that he/she is becoming agitated and/or angry may request a separation period to assist him/her in managing problematic behavior. However, youth will not be able to utilize separation periods to avoid completing daily tasks or other therapeutic activities. When a youth requests a separation, staff will allow the youth separation as soon as possible after the request is made.
 - D) When the youth is calm, staff will discuss the circumstances leading up to the use of separation with the youth to determine the source of the youth's behavior. Appropriate action will be taken to address the youth' concerns.

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E) In the event the youth is unable to calm down after the 15 minute period of time, the Shift Supervisor may be requested to assist in the matter.

3. CCS Compliance

- a. When a Level 3 Rule Violation(s) occurs, the Reporting Officer will contact the Shift Supervisor immediately. In addition, the staff will submit a DJJ Event Report form (326A) and a Juvenile Negative Behavior Report form (924C) to the Shift Supervisor as soon as possible, but no later than the end of the shift. The Shift Supervisor will consult with the Reporting Officer to determine whether CCS Compliance criteria can be met within the youth's assigned area.
- b. If all CCS Compliance criteria can be met, the Shift Supervisor shall allow the youth to remain in the assigned area under strict monitoring by staff, with support from the staff, where the youth will receive progressive discipline from unit staff/Shift Supervisors and await a Disciplinary Hearing/Review Board. The Shift Supervisor will document on the Juvenile Negative Behavior Report form (924C) the compliant behavior demonstrated by the youth. The Shift Supervisor will submit the completed Event Report (Form 326A) and Juvenile Negative Behavior Report form (924C) to the Classification Case Manager, Social Worker, Unit Manager/Captain of Security, PbS, and Chief Disciplinary Hearing Officer/Review Board by the end of the shift.
- c. If CCS Compliance criteria of Safe cannot be met, the youth will be placed in restrictive room confinement or temporarily placed in isolation.
- d. The Shift Supervisor will document on the Juvenile Negative Behavior Report form (924C) the noncompliant behavior demonstrated by the youth and all training techniques used to encourage the youth to become CCS compliant prior to placing the youth in isolation/room confinement. The Juvenile Negative Behavior Report form (924C) authorizing isolation must be completed and submitted by the Shift Supervisor to the Crisis Management Unit within two (2) hours of when the youth was placed in isolation.
- e. The Shift Supervisor will submit a copy of the completed Event Report (326A) and Juvenile Negative Behavior Report form (924C) to all other appropriate personnel by the end of the shift.
- f. The Shift Supervisor may contact the youth's assigned Clinician to assist in helping the youth become CCS compliant. If the youth's assigned Clinician is unavailable, a designated clinical staff member can be called on to replace the assigned Clinician. During holidays, weekends, or after

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business hours, the Shift Supervisor should refer to the youth's Individual De-escalation Plan and may also contact the Clinician on-call. If the situation becomes a crisis, then normal crisis protocols will be followed.

C. Isolation/Room Confinement

Youth placed in isolation or room confinement must be closely monitored. Staff on duty must conduct visual checks at staggered intervals not to exceed every 15 minutes. The visual checks will be documented on the Juvenile Room Confinement/Isolation Record Sheet and Cell Check Log form (323B). If youth is on suicide watch, the suicide protocol must be followed (Policy 912).

1. When a youth is placed in isolation / room confinement, he/she will receive encouragement and support from the staff in an effort to become CCS compliant. The youth will be assessed by a staff member at least every 15 minutes until all CCS Compliance criteria are met. This will be documented on the Juvenile Room Confinement/Isolation Record Sheet and Cell Check Log (323B). The CCS assessments every 15 minutes will cease at 9 p.m. each evening (lights out time) and will resume when the youth are awoken the following morning (wake-up time). Staff will follow standard operating procedures for unit observation between lights out and wake-up times.
2. If the youth remain in isolation/room confinement for more than four (4) hours, required staff will complete the Daily Confinement Checks form, (323A), each day. This form will be collected and secured with copies being distributed daily to the Unit Manager/Captain of Security, Clinical Manager, Classification Manager, Facility Administrator, Deputy Director of Rehabilitative Services, Associate Deputy Director for Treatment and Intervention Services, and the Deputy Director for Education.
3. CCS Compliance assessment may cease in isolation/room confinement if the youth is able to maintain CCS compliance for a period of two (2) consecutive hours. If the youth is CCS compliant, he/she can then return to the assigned area. The Shift Supervisor from the youth's assigned area will be consulted to determine whether CCS Compliance criteria can be met within the youth's assigned area. This contact will be documented on the Juvenile Room Confinement/Isolation Record Sheet and Cell Check Log (323B). If CCS compliance criteria can be met in the assigned living unit, the youth will return to the unit immediately.
4. If the decision is made that CCS Compliance criteria of safe cannot be met if the youth were to return to his/her assigned area, the Shift Supervisor on duty will make necessary arrangements to make the area safe. The Shift Supervisor may make temporary moves of staff or youth to ensure a safe environment. Any youth movement will be reported to School Officials, Clinical, and Classification immediately during the business day and/or on the next business day if done after

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hours. The Shift Supervisor will then release the youth from isolation under strict monitoring and with support from the staff.

5. A Juvenile Behavior Contract (Form 323D) may be developed to assist in gaining and maintaining CCS compliance.
6. In the Evaluation Centers, admissions status youth that continue to demonstrate serious unsafe behaviors may be transferred to the Crisis Management Unit at BRRC by the Deputy Director of Rehabilitative Services. Classification will arrange transportation and inform the Deputy Director of Rehabilitative Services, Deputy Director of Educational Services, and the Associate Deputy Director for Treatment and Intervention Services when the transport is scheduled and completed.
7. When a youth is placed in isolation/room confinement, within four (4) hours the Unit Manager/Captain of Security or designee will review all pertinent documents, speak with the youth, and give him/her opportunity to explain/speak about the incident from his/her perspective. The Unit Manager/Captain of Security or designee will do one (1) of the following:
 - a. Dismiss the Level 3 Rule Violation(s), return the youth to the unit, and notify the Chief disciplinary hearing officer/review board of the dismissal;
 - b. Return the youth to the unit and continue with referral for a Disciplinary Hearing or Review Board;
 - c. Return the youth to the unit and handle the matter through the Juvenile Progressive Discipline process and document as a Level 1 or Level 2 offense on a Juvenile Negative Behavior Report (924C) and notify the Chief disciplinary hearing officer/review board of the reduction to a Level 1 or 2 offense; or
 - d. Determine that the youth will remain in isolation/room confinement and continue with referral for a Review Board or Disciplinary Hearing. The Unit Manager/Captain of Security or designee will contact the Facility Administrator immediately and inform him/her of this decision.
8. After contacting the Facility Administrator, the Unit Manager/Captain or designee will complete the Recommendation for Extended Use of Isolation form (323C) with all required supporting documentation and forward it to the Deputy Director of Rehabilitative Services through the Facility Administrator for approval or disapproval within twenty-four (24) hours or the next business day. This approval must be submitted when the safety concern is recognized. Once the recommendation form is completed by the Deputy Director for Rehabilitative Services, a copy will be forwarded immediately to both the Associate Deputy

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Director of Treatment and Intervention Services and the Deputy Director for Education.

9. If approved for extended isolation, the youth must be reviewed weekly in the BRRC Multidisciplinary Treatment Team staffing until a resolution for the unsafe situation is achieved.

D. Other Uses of Isolation

1. Protective Custody

- a. Youth known to be seriously victimized by evidence of physical injury or serious threat may be placed by the Unit Manager/Captain/Assistant Unit Manager (or higher authority) in temporary protective custody. If the youth must be held for more than four (4) hours, the Unit Manager/Captain will follow protocols established in section C.9. above. The authority placing the youth in temporary protective custody status will notify the Classification Case Manager (CCM) and assigned SW immediately or by 10 a.m. the next business day if after business hours. The CCM will convene the Unit Multidisciplinary Team (MDT) to review the placement as soon as possible but no later than one (1) business day of the youth's placement in confinement. The Unit MDT will, by majority vote, recommend that the youth either be released from or remain in protective custody status. There must be substantial, validated, documented information that protective custody is warranted and that no other reasonable alternative is available.
 - 1) If release is recommended, the Unit MDT will provide recommendations to the Facility Administrator and the Supervising Social Worker to address the issues surrounding the temporary placement in isolation. If release is not recommended, a safety plan will be developed by the Unit MDT. The safety plan will be sent immediately to the Facility Administrator and the Supervising Social Worker.
 - 2) If the decision is made for the youth to remain in isolation, the youth's safety plan developed by the Unit MDT plan will be implemented. The Unit MDT will provide a status report to the Facility Administrator and Supervising Social Worker between the 7th and 10th day of the youth's confinement. This status report will include the specific goals and objectives met or not met and any other significant information concerning the youth's safety.
 - 3) If the youth has not been approved for release by the 14th day, the case will be referred to the Facility MDT, who will modify the

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youth's placement plan and recommend to the Facility Administrator appropriate placement for the youth out of isolation.

- 4) In the event the Facility Administrator disapproves a youth's release by the 14th day, the Facility Administrator will provide a written summary report to the Deputy Director for Rehabilitative Services and the Associate Deputy Director for Treatment and Intervention Services for information. The Unit MDT will continue monitoring the safety plan and providing status reports to the Facility Administrator, who will continue the 7-day review process and recommendations until the youth is released from isolation. The Facility Administrator will continue to provide written summary reports to the Deputy Director and Associate Deputy Director.

2. Mental Health Reason

- a. A youth that presents a risk of self-harm, threatens suicide, or gestures suicide will be placed in a room equipped with a camera in the Crisis Management Unit, consistent with DJJ Policy 911, Clinical Crisis Intervention and 912, Suicide Prevention and Intervention.
- b. A youth will be temporarily placed in a room equipped with a camera in the Crisis Management Unit when the Psychologist or Social Worker believes the youth needs close supervision for mental health observation/evaluation.
- c. The Shift Supervisor may temporarily place a youth in a room equipped with a camera in the Crisis Management Unit when he/she demonstrates self-harm, threatens suicide, or gestures suicide. The Shift Supervisor will immediately contact the assigned clinician or clinician-on-call. The clinician will take immediate steps to stabilize the youth or have him/her transferred to an appropriate mental health facility when the situation requires such action.

RELATED FORMS AND ATTACHMENTS:

Form 323A, Daily Confinement Checks

Form 323B, Juvenile Room Confinement /Isolation Record Sheet and Cell Check Log

Form 323C, Recommendation for Extended Use of Isolation

Form 323D, Juvenile Behavior Contract

Form 326A, DJJ Event Report

Form 924C, Juvenile Negative Behavior Report

REFERENCED POLICIES:

924, Juvenile Behavior Management – Incentive System and Progressive Discipline

911, Clinical Crisis Intervention

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912, Suicide Prevention and Intervention

SCOPE:

This policy applies to all of DJJ's hardware secure facilities.

LOCAL PROCEDURAL GUIDE:

Not required.

TRAINING REQUIREMENT:

All rehabilitative services employees are required to review this policy within 30 calendar days of its publication.

UPDATED:

January 6, 2022, "juvenile" changed to "youth" where possible

January 13, 2021, Agency areas of impact have been added to the header